

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.02</u>
SUBJECT: SERIOUS AND INFECTIOUS DISEASE MANAGEMENT PROPONENT: <u>Robert MacLeod, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>01/01/06</u> REVIEW DATE <u>10/15/07</u> SUPERSEDES PPD# <u>6.2</u> DATED <u>10/15/02</u>
ISSUING OFFICER: <u>William Wrenn, Commissioner</u>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide an effective system and guidelines for the prevention and management of serious and infectious diseases.

II. APPLICABILITY:

To all staff, inmates and visitors

III. POLICY:

It is the policy of the New Hampshire Department of Corrections to provide a system for the prevention and/or control of infectious/communicable diseases in order to ensure the health and safety of staff, inmates, and visitors. Any inmate suspected of having an infectious/communicable disease will be required to be medically evaluated and cleared by DOC Health Services before being allowed to mix with others. Any staff member or visitor suspected of having an infectious/communicable disease will be required to obtain medical clearance from a community health care practitioner before reporting for duty or visiting. DOC retains the option of requiring staff clearance by a DOC selected health care practitioner.

IV. PROCEDURE:

The Infectious/Communicable Disease Management Program will consist of:

A. Program Management Structure Incorporating:

1. Infection Control Committee composed of the site infection control coordinators and representation from medical, dental, nursing, pharmacy, quality improvement, administration and employee health. Ad hoc members will be added on an as needed basis.
2. An Infection Control Manual of established procedures approved by the Infection Control Committee including but not limited to:
 - a. Surveillance and control system
 - b. Personal exposure management
 - c. Precautions for patient management
 - d. Environmental precautions

- e. Disease specific protocol management includes:
 - 1. TB
 - 2. HIV/AIDS
 - 3. Hepatitis
 - 4. Head/Body Infestations
 - f. Updates on all new information as it becomes available.
3. Site Infection Control Coordinators (ICC), appointed by the Nurse Coordinator at each institution, with responsibilities to include:
- a. Be the infection control officer as outlined in RSA 141G:3 and be responsible for:
 - 1) Assigning a nurse designee to initiate post exposure care and counseling;
 - 2) Assisting in completion of the Emergency Response/Public Safety Worker Incident form;
 - 3) Forwarding the Medical Referral Consult copy to employee health.
 - b. Be the official reporting agent to the New Hampshire Division of Public Health as outlined in RSA 141C:7 and He-P 301.02
 - c. Report monthly using the Tracking and Control Highlights form, all newly confirmed communicable conditions to:
 - 1) Infection Control Committee Chairperson
 - 2) Director of Nursing Services
 - 3) Facility Nurse Coordinator
 - 4) Director of Quality Improvement
 - 5) Chief Medical Officer
 - d. Provide, as needed, technical assistance regarding communicable conditions.
 - e. Be a member of the Infection Control Committee.
 - f. Provide in-service education to staff and inmates on an as needed, as available basis.
 - g. Have the authority for implementation of the Infection Control Program's policies and procedures.
 - h. Oversee the surveillance and control of infectious outbreaks.
 - i. Collect and analyze surveillance and control data.
 - j. Make recommendations to the Infection Control Committee regarding infection control practice, policy and procedure.
 - k. In conjunction with appropriate DOC staff, notify all applicable community services such as water and treatment plants of any widespread outbreaks within the facility.
- B. Exposure/Risk-Management:
- In order to decrease the risk of exposure and/or spread of infectious/communicable disease, the DOC staff will follow these procedures:
- 1. Bloodborne Pathogens
 - a. Practice universal precautions and treat all human blood and specific body fluids as infected with Hepatitis, HIV and other bloodborne pathogens.
 - b. Due to the sometimes unpredictable nature of events in a correctional setting, when encountering body fluids under uncontrolled, emergency circumstances, treat all body fluids as potentially infectious.
 - c. While on duty cover any minor wound or abrasion with a dressing or Band-Aid.
 - d. As soon as feasible after any possible or probable infectious disease exposure:
 - 1) Flush exposed mucous membranes (eyes, mouth) with water;
 - 2) Encourage any needle sticks, bites, open cuts to bleed and then cleanse with soap and water;
 - 3) Change out of any contaminated clothing.
 - e. Report any probable/possible exposure
 - 1) All DOC staff except Field Service staff

- a) Call health services for the site infection control coordinator or on duty nurse. The ICC or on duty nurse will provide immediate technical assistance regarding the exposure and assist, if indicated, in the completion of the Emergency Response/Public Safety Works Incident Report Form. For the purpose of RSA 141-G, the infection control coordinator will be responsible for the duties of the infection control officer, the Employee Health Administrator, and the medical referral consultant.
 - b) Complete and process the DOC incident injury report form available from the exposed staff person's supervisor or duty site.
 - 2) Field Service Staff
 - a) Complete and process the forms available from the District Office
 - b) Notify the Employee Health Administrator
 - f. Consider exposure to be defined as contact with blood, fluids containing blood or other body fluids to which universal precautions apply through needle stick, contact with an open wound, mucous membranes or non-intact skin during the performance of normal job duties.
- C. Staff/Inmate Education
 - 1. Staff:
 - a. All staff are required to attend the Pre-service Academy's Communicable Disease Management seminar.
 - b. Additional as needed group seminars will be provided and/or jointly coordinated by the Medical Department and the Training Bureau through the facility Training Coordinators.
 - c. Individual staff disease specific education will be provided, as clinically indicated, by the ICC for individual inmate management.
 - 2. Inmate:
 - a. Receive general group education as part of their site specific group programming.
 - b. Receive individualized disease specific instructions as part of their ongoing disease specific medical care.
 - c. Be individually instructed during the health intake process as to the nature and purpose of the communicable disease screening for TB and HIV.
- D. Unit/Housing Management:
 - 1. Management of inmates will be disease specific in accordance with standards of medical practice and Center for Disease Control guidelines issued by U.S. Public Health Services.
 - 2. If inmates are not able to reside in a housing unit due to medical treatment needs, they will be admitted to the Health Services Center inpatient facility.
 - 3. Disease specific guidelines involving complex interdisciplinary, security and administrative management of the HIV inmate is outlined in "HIV Management". (Attachment 1)

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards
4-4354 thru 4357

Standards for Adult Community Residential Services
Fourth Edition. Standards
4-ACRS-4C-08 thru 4C-10

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

MACLEOD/pf

Attachments

HIV Management

A. SCREENING AND TESTING

1. DEFINITIONS:

- a. HIV (Human Immunodeficiency Virus)
HIV is the accepted abbreviation for Human Immunodeficiency Virus.
- b. AIDS:
AIDS is an acronym for Acquired Immune Deficiency Syndrome. This syndrome is the result of being infected by the human immunodeficiency virus. This virus attacks and weakens the body's immune system leaving the body unprotected and unable to fight off other, often fatal diseases.
- c. SEROPOSITIVE:
An individual is seropositive when so designated by criteria of the State Public Health Laboratory.
- d. HIGH RISK BEHAVIORS:
Those actions which significantly increase the potential for HIV infection. High-risk behaviors include:
 - 1) Unsafe sex practices;
 - 2) Exposure to infected blood (especially through intravenous drug use); and
 - 3) From mother to unborn child.
- e. CDC:
Centers for Disease Control, Atlanta, Georgia.

2. DIAGNOSIS:

A licensed physician based on medical history, clinical evaluation of signs and symptoms, and diagnostic studies, will make the diagnosis of HIV/AIDS. Criteria used will be consistent with those recommended by CDC and subject to change as new data becomes available.

3. TESTING:

Specimens will be submitted to the NH Division of Public Health Laboratory in accordance with Public Health procedure.

4. IDENTIFICATION AND EVALUATION:

- a. New admissions
All new inmates will be evaluated and tested during the admission process. Consent must be obtained from pre-trial detainee before being tested.
- b. Inmates in Population :
If the findings from the initial evaluation were negative, the resident will be re-tested, as clinically indicated, at the discretion of the examining physician.

5. INMATE NOTIFICATION:

A member of the medical staff will report any seropositive test result to the inmate. At this time the inmate will be counseled regarding,

- a. The meaning of the test result;
- b. The phenomenon of false positives;
- c. Symptoms to watch for; and
- d. The responsibilities of a seropositive in relationships and interactions with others, including the need for partner notification.

6. CONFIDENTIALITY:

Though test results are part of the medical records, positive serology can be a significant variable in classification and placement of inmates (see #8 and #9 below). Therefore, only those corrections officials, who have a "need-to-know" for the purpose of placement and management, will be informed of test results. In no instance, however, will other inmates or patients, the general public, or unauthorized personnel be informed of test results except as provided for under RSA 141G. Unauthorized disclosure by others could result in adverse action.

7. HOUSING:

An inmate with a confirmed positive test will not be segregated, unless overall medical condition and treatment needs warrants transfer to inpatient services, as determined by Director of Medical and Forensic Services or the Prison physician.

The physician may order increased precautions as the inmate's condition may warrant in accordance with current infection control practice.

8. WORK/PROGRAMMING:

Inmates with confirmed seropositive test results, absent other symptoms, may participate in any program consistent with classification procedures.

9. AFTERCARE:

The New Hampshire Department of Corrections assumes no primary medical responsibility for inmates who are released from custody. Parole and/or Probation plans shall include referral to Public Health and follows-up treatment and/or on-going diagnosis as clinically indicated by the departmental physician.